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Bib Data Sheet

CONFIRMATION NO. 5924

<b>SERIAL NUMBER</b> 10/542,506	<b>FILING OR 371(c) DATE</b> 07/15/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> SITH 9317W1
<b>APPLICANTS</b> John L. Holahan, St. Louis, MI;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/02795 01/31/2004 which claims benefit of 60/444,079 01/31/2003 and claims benefit of 60/443,941 01/31/2003 and claims benefit of 60/444,080 01/31/2003 and claims benefit of 60/444,082 01/31/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 51
Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 1688				
<b>TITLE</b> Thickened beverages for dysphagia				
<b>FILING FEE RECEIVED</b> 1425	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	